# Form 990

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2008
Open to Public

Department of the Treasury Internal Revenue Service	► Ti
A For the 2008 calen	dar voor

A	For the	2008 cal	endar ye:	ar, or tax	ear beginnir	ng			, and e	nding	_			
В	Check if ap	oplicable:	Please	C Name c	of organization	DENVE	R FOUNDA	TION, INC		•	D Em	ployer ide	ntification nur	nber
П	Address of	change	use IRS label or	Doing E	Business As						55-077			
	Name cha	- 1	print or			P O hov if mail	ie not delivered	to street address)	T <sub>D</sub> ,	oom/suite		ephone nu	mhor	
=	Initial retu	- ;	type.				is not delivered	to street address)		DOMESTILE	E 1616	spriorie riu	IIIDGI	
_	Terminati	1	See Specific		MLOCK LAI									
=			Instruc-		town, state or co	ountry, and ZIP							_	
=	Amended		tions.	PRINCE	ION		V	VV 24	740	,	<b>G</b> Gro	ss receipts	3 \$	32,238
Ш	Application	on pending	F N	ame and a	ddress of prin	cipal officer:				H(a) is t	his a gro	up return f	or affiliates?	Yes X No
										H(b) Are	e all affilia	ates includ	ed?	Yes No
Ι.	Tax-exer	mpt status	: X 50	11(c) (	3) <b>◄</b> (inse	ort no.)	4947(a)(1)	or 527		<b>-</b> ''			t. (see instructio	
	Vebsite	<del> </del>	· [X] 00	1(0) (	0) 4 (11136	it 110.)	4347 (a)(1)	01 321		4				,
				<del></del>	<del></del>				_	H(c) Gro	oup exem	nption num	ber -	
		ganization:	X Co	rporation	Trust	Association	Other ▶		L Yea	ar of forma	tion:	1992	M State of lega	al domicile: WV
1	Part I	Sur	nmary											
	1	Briefly d	escribe t	the organ	ization's mis	sion or mos	t significant	activities: Ec	lucate	the put	olic abo	ut hand	icapped and	1
		underpri	viledged	į t										,
9				,										
Activities & Governance														
Ę.	9	Check th												
õ	2			- II I	me organiza	ition discont	inuea its ope	erations or disp	posea	or more	tnan 2	25% OT 11	_ [	•
ಷ	3	Number	or voting	g member	rs of the gov	erning body	(Part VI, line	e 1a)				·	3	3
E 68	4	Number	of indep	endent vo	oting member	ers of the go	verning bod	y (Part VI, line	: 1b) .			·	4	2
ť	5	lotal nu	mber of	employee	es (Part V, li	ne 2a) .   .						·  _	5	0
Ac	6	Total nu	mber of	volunteer	s (estimate i	if necessary	)					·	6	3
	7a	Total gro	oss unre	lated busi	iness revent	ue from Part	VIII, line 12	, column (C) .				. 7	'a	0
	b	Net unre	lated bu	ısiness ta	xable incom	e from Form	1 990-T, line	34		<u> </u>		. 7	'b	0
Revenue											Prior Y			rrent Year
	8	Contribu	itions an	d grants (	(Part VIII, lin	e 1h) .   .   .						77,1	10	32,238
	9	Program	service	revenue	(Part VIII, lir	ne 2g) .   .   .							0	0
eve	10	Investme	ent incor	me (Part \	/III, column	(A), lines 3,	4, and 7d).						0	0
ď	11	Other re	venue (F	⊃art VIII, c	column (A), I	lines 5, 6d, 8	3c, 9c, 10c, a	and 11e)					0	0
	12	Total rev	/enue⊸a	dd lines 8	through 11	(must equa	l Part VIII. co	olumn (Á), line	12)			77,1	10	32,238
	13	Grants a	nd simil	ar amoun	ts paid (Par	IX. column	(A) lines 1-	3)	,				0	0
	14	Benefits	paid to	or for mer	nbers (Part	IX column (	(A) line 4)		•				0	0
	15	Salaries	other c	ompensa	tion employ	ee benefits	(Part IX colu	.   .  .  .  .  . umn (A), lines	5-10\			•	0	0
Expenses		Professi	onal fund	draising fo	es (Part IX	column (A)	(i art 1/1, 001)		0 .0,	<b>-</b>			0	0
Den.	b	Total fun	draisina	i evnence	s (Part IX, c	olumn (D) li	ine 25\							
찣	17									+		80,4		83,856
	18													<del></del>
	19							(A), line 25).	•			80,4		83,856
<u> </u>	ו פו	Revenue	e less ex	penses. s	Subtract line	18 from line	312	· · · · · ·	•			-3,3		-51,618
Net Assets or	20	Total and	noto /D=:	m V 11 4	16)					Be	ginning			nd of Year
SSe	20									<u> </u>		13,6		13,730
et A	21								•	ļ		46,8		98,524
					es. Subtract	line 21 from	ı line 20	• • • • •	• •	<u></u>		-33,1	76	-84,794
Pa	irt II		nature		<del> </del>	·								
								ng accompanying an officer) is based						
		and	eller, it is u	ue, correct, a	and complete. L	Deciaration of pr	eparer (other tri	an oncer) is based	u On an i	momano	II OI WINCI	ii preparei	nas any knowle	iage.
		_ L									1			
Sig	jn 💮	-	C:									D-4-		
He	re		Signature o	or orncer							•	Date		
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Pai		_	7	~ or	na C	uner	ll, CPA	5/7/2009	1	nployed	▶	``	,	
	parer's	Firm's	name (or	yours L	DONNA CI	INERELLO	DΛ				EIN	<u> </u>		
US	e Only	if self-	-employed)	).	DONNA CL			145764=15			EIN		04) 407 007	
	<del></del>		ss, and ZIF		1422 MAIN						Phone n		<u>04) 487-908</u>	iU
Ma	y the IR	RS discus	s this ref	turn with t	the preparer	shown abo	ve? (see ins	tructions)	<u>.</u> .	<u></u>	<u></u>		<u> L</u>	Yes No
														- 000

d	Other program services. (Describe in Schedule O.)			
	(Expenses \$ 0 including grants	of \$	0)(Revenue \$	0)

83,856

(Must equal Part IX, Line 25, column (B).)

Total program service expenses ► \$

Pai	t IV Checklist of Required Schedules		·	ugu t
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II			
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	x
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10	<del> </del>	<del>  ^</del>
	Parts VI, VIII, VIII, IX, or X as applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	04-		V
h	24b–24d and complete Schedule K. If "No," go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	to defease any tax-exempt bonds?	24c		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Ves." complete Schedule I. Pert III	27		Y

# Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	_	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х

Form **990** (2008)

Par	t Y Statements Regarding Other IRS Filings and Tax Compliance	,,,,,,,,,		age
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			2.75
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Х	SC. 381.283
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return .			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	<b>\$75?</b>	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	.7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	***	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		17.18.18.18.18.18.18.18.18.18.18.18.18.18.
	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ar Jane
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			·
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
1a	circumstances, processes, or changes in Schedule O. See instructions.			
b	Enter the number of voting members of the governing body	<ul> <li>Entropy (5) (6) (4) (5) (6) (6) (7) (7)</li> </ul>		ı
2		4		l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		ŀ	
	of the governing body?	7a	٠	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	sumunicus rici	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
11	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Sect	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
<u> </u>	LION B. FORCIES		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	168	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		-
~	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12.0		
•	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		Χ
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he		
	organization: ► DREAMA DENVER			
	1349 HEMLOCK LANE, PRINCETON, WV 24740			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) (B) (C) (D) (E) (F)												
(A)	(B)	D241-	,			44 4	_ 1	(D)	(E)	(F)		
Name and Title	Average hours per week	Individual trustee or director		Officer		Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
DREAMA DENVER PRESIDENT	0.			х				0	0	0		
EMILY DENVER VICE PRESIDENT	0.			х				0	0	0		
CLIFF FOERSTER SECRETARY/TREAS	0.			х				0	0	0		
	0.							0	0	0		
	0.							0	0	0		
	0.							0	0	0		
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	0.							0	0	0		

∧ Pa	Irt VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees.	, and	i Hiç	jhes	t Co	mpensated Em	ployees (contin	ued)
	(A)	(B)	<u> </u>		•	C)			(D)	(E)	(F)
	Name and title	Average	<del></del>	_		_	hat ap		Reportable	Reportable	Estimated
		hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
		0.							0	0	0
		0.							0	0	0
		0.							0	0	0
		0.							0	0	0
		0.							0	0	0
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		0.							0	0	0
41.		0.							0	0	0
<u>1b</u>	Total	<u> </u>				٠.		, <b>&gt;</b>	0	0	0
2	Total number of individuals (including those organization ▶ 0	in 1a) who rece	ived	more	e tha	ın \$1	0,00	00 ir	reportable con	npensation from	
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci	director or truste hedule J for suc	ee, ke h ind	ey er <i>ividu</i>	mplo <i>ial</i>	yee, 	or hi	ighe:	st compensated		Yes No
4	For any individual listed on line 1a, is the su the organization and related organizations gindividual	m of reportable reater than \$15	com 0,000	pens 0? <i>If</i>	ation "Yes	n and	d oth	er co	mpensation fro	m uch	I X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye										5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest con compensation from the organization.	npensated inder	pend	ent c	ontr	acto	rs tha	at red	ceived more that	n \$100,000 of	
	(A) Name and business a	ddress							(B) Description of serv	ices C	(C) Compensation
											0
											0
											0
											0
2	Total number of independent contractors (in compensation from the organization ▶	cluding those in	•	ho r	eceiv	ed r	nore	thar	\$100,000 in	e esta	overly overly

"Par	t VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
as sta	1a	Federated campaigns	1a	0				against the Visit
ᆵ	b	Membership dues		0				
Contributions, gifts, grants and other similar amounts	C	Fundraising events		0				
i i	d	Related organizations		0				
7, g	e	Government grants (contributions)		0				
Si Si	1			<u>U</u>				
ē É	1	All other contributions, gifts, grants						
등 등		similar amounts not included above		32,238				and the second
Contributions, and other simi	g	Noncash contributions included in I		0				
ਹ ਕ	h	Total. Add lines 1a-1f	<u> </u>	🕨	32,238	•		
e				Business Code				
Program Service Revenue	2a				T 0			
Š	b				0			
<u>8</u>	C				1 0			
₹	4				0			
Š	<u>u</u>				<u> </u>			
Ē	ے ا	A11			0			
Š.	1	All other program service revenue .			0			
О.	g	Total. Add lines 2a-2f	<u> </u>	<u>, , , , </u>	0			
	3	Investment income (including divide	ends, interest, an	d				
		other similar amounts)			0			
	4	Income from investment of tax-exer	npt bond proceed	ds	0			
`	5	Royalties			0			
	•	rioyanioo	(i) Real	(ii) Personal	0			-
	6a	Gross Rents	(i) Neai	(ii) Personal	-		_	
					-			
	b	Less: rental expenses						
	C	Rental income or (loss)	0		)		Title.	
	d	Net rental income or (loss)	· · · · · ·	<u> •  </u>	0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other	Apr. 1-999			
		assets other than inventory	0	C	)] : : :			
	b	Less: cost or other basis						
		and sales expenses	0	_	1			
	C	Gain or (loss)	0	,			+ +	
	d	Net gain or (loss)						
	8a			–	0	-		
<u> </u>	oa	Gross income from fundraising	_		44			
Ĕ		events (not including \$	0		0.00			
Š		of contributions reported on line 1c)						
Other Revenue		See Part IV, line 18		0	]			
Ē	b	Less: direct expenses	b	0				
<b>3</b>	С	Net income or (loss) from fundraising	ng events		0			
•	9a	Gross income from gaming activitie						
		See Part IV, line 19	а	0			10 E F 12	
	b	Less: direct expenses		0		9.00		
	C	Net income or (loss) from gaming a			0			
i	ł		Cuviues	<u> </u>	0			
	10a	Gross sales of inventory, less		_				
	١.	returns and allowances		0				
	b	Less: cost of goods sold		0				
	<u> </u>	Net income or (loss) from sales of it	nventory	<b>.</b>	0			
		Miscellaneous Revenue		Business Code				
	11a				0			
	b				0			
	С				0			
	d	All other revenue		·	0			
	e	Total. Add lines 11a–11d		<b>.</b>	0			
	12							
	'-	Total Revenue. Add lines 1h, 2g, 3			00.000	_		_
	l	9c, 10c, and 11e		<u> </u>	32,238	0	0	0
								Form <b>990</b> (2008)

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	T (A) but are not re	danea to combiete	(C), (C), (C),	ario (D).
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		ОХРСПООО		САРСПАСА
	organizations in the U.S. See Part IV, line 21	l o		The second second	
2	Grants and other assistance to individuals in			1	
	the U.S. See Part IV, line 22	o			Control of the Contro
3	Grants and other assistance to governments,		<u> </u>		
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16			No.	
4	Ponefite poid to or for march are	0			
5	Benefits paid to or for members	0			
Ð	Compensation of current officers, directors,	_	İ		
_	trustees, and key employees	0			
6	Compensation not included above, to disqualified				ļ
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	<del></del>		
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k)			!	
	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	770			
С	Accounting	2,381			
d	Lobbying	2,001	<del></del>	·	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	675			
13					<u> </u>
14	Office expenses	437			
	Information technology	0	B		
15	Royalties	0	<del></del>		
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	. 0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates	0		0	
22	Depreciation, depletion, and amortization	882	882	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not	and the second			
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				+
	5% of total expenses shown on line 25 below.)			deac.	
а	UTILITIES	1,064	1,064		
b	MUSIC	583	583		
C	DUES	176			
d	CONTRACT LABOR	71,270			
e	LICENSE	90			
_	All other expenses SUPPLIES	5,528	5,528		······
25	Total functional expenses. Add lines 1 through 24f	83,856		0	0
	Joint Costs. Check here ▶ if following	00,000	65,650	<u> </u>	
26					
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
-t-t	solicitation		· ·		

ľΡ	art X	Balance Sheet	1 10 10		The second secon		erw.		
					(A) Beginning of year		1	(B) End of year	
	1	Cash-non-interest-bearing			1,592	1			2,539
	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net			0	3	1		0
	4	Accounts receivable, net			0	4	1 "		0
	5	Receivables from current and former officers	direct	ors, trustees, key				·····	
		employees, or other related parties. Complete	e Part	Il of Schedule L	l	5			0
	6	Receivables from other disqualified persons	as det	ined under section	a fi				
		4958(f)(1)) and persons described in section	4958(	c)(3)(B). Complete					
		Part II of Schedule L			0	6			0
ets	7	Notes and loans receivable, net			0	7			0
Assets	8	Inventories for sale or use				8			
•	9	Prepaid expenses and deferred charges				9			
	10a	Land, buildings, and equipment: cost basis	10a	18,669		- 10			
	b	The state of the s							
			10b		12,073	10c			11,191
	11	Investments-publicly traded securities			0	11			0
	12	Investments-other securities. See Part IV, lin	e 11 .		0	12			0
	13	Investments-program-related. See Part IV, lii	ne 11 .		0	13			0
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11			0	15			0
	16	Total assets. Add lines 1 through 15 (must e	qual li	ne 34)	13,665	16			13,730
	17	Accounts payable and accrued expenses				17			
	18	Grants payable				18			
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities	0				0		
Liabilities	21	Escrow account liability. Complete Part IV of				21			
Ĕ	22	Payables to current and former officers, direct							
iai		employees, highest compensated employees							
		persons. Complete Part II of Schedule L			46,841			···	98,524
	23	Secured mortgages and notes payable to unr	elated	third parties	0		ļ		0
	24	Unsecured notes and loans payable			0		ļ		0
	25	Other liabilities. Complete Part X of Schedule	D		0				0
	26	Total liabilities. Add lines 17 through 25	• •	<u> </u>	46,841	26			98,524
တ		Organizations that follow SFAS 117, check	here	<b>▶</b> and					
ဥ		complete lines 27 through 29, and lines 33	and 3	4.					
lar	27	Unrestricted net assets				27			
Ba	28	Temporarily restricted net assets				28			
nd	29	Permanently restricted net assets				29			
Net Assets or Fund Balance		Organizations that do not follow SFAS 117							
ō		and complete lines 30 through 34.	,						
ets	30	Capital stock or trust principal, or current fund	İs			30			
SSI	31	Paid-in or capital surplus, or land, building, or				31			
γţ	32	Retained earnings, endowment, accumulated			-33,176			-	84,794
ž	33	Total net assets or fund balances			-33,176				84,794
	34	Total liabilities and net assets/fund balances.			13,665				13,730
Pa	rt XI	Financial Statements and Reporting		<u></u>					
						•		Yes	No
1	Acc	counting method used to prepare the Form 990	): X	Cash Accru	ial Other				
28		ere the organization's financial statements com						2a X	T
k	) We	ere the organization's financial statements audi	ted by	an independent accou	untant?		🗀	2b	X
•	: If "	Yes" to lines 2a or 2b, does the organization h	ave a	committee that assume	es responsibility for overs	ight of	f the		
	aud	dit, review, or compilation of its financial staten	nents a	and selection of an inde	ependent accountant?.		:	2c X	<u>L</u>
38	a As	a result of a federal award, was the organization	on requ	uired to undergo an au	idit or audits as set forth i	in			
		Single Audit Act and OMB Circular A-133?.					. L;	За	X
<u>t</u>		Yes," did the organization undergo the required						3b	

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047

Open to Public

Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection Name of the organization **Employer identification number** DENVER FOUNDATION, INC. 55-0779097 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: -----5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c | Type III-Functionally integrated Type III-Other e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . . . . . . . . . . . . . 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . . . . . . . . . . 11g(iii) Provide the following information about the organizations the organization supports. (vii) Amount of (III) Type of organization (Iv) is the organization (v) Did you notify (vi) is the (i) Name of supported (II) EIN (described on lines 1-9 in col. (I) listed in your organization in col. the organization in support organization above or IRC section (i) organized in the governing document? col.(i) of your (see instructions)) **U.S.?** Yes Yes No Yes No

Total

0

Pai	t III Support Schedule for Organi			ion 509(a)(2)	,		
	(Complete only if you checked	the box on line	9 of Part I.)				
	tion A. Public Support			,			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and		,				
	membership fees received. (Do not						
	include any "unusual grants.")	94,560	75,951	52,643	77,110	32,238	332,502
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished					ļ.	
	in any activity that is related to the						
	organization's tax-exempt purpose	l ol	0	l ol			C
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	j l				-	C
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	l of	0	ol			C
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	l ol	0	o		1	C
6	<b>Total.</b> Add lines 1-5	94,560	75,951	52,643	77,110	32,238	332,502
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						O
b	Amounts included on lines 2 and 3			·			
	received from other than disqualified						
	persons that exceed the greater of 1%						
	of the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from				į		
	line 6.)						332,502
	tion B. Total Support			•			
	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	94,560	75,951	52,643	77,110	32,238	332,502
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
b	Unrelated business taxable income (less	1					
	section 511 taxes) from businesses	ĺ			l		
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b,	[ ]		}			
	whether or not the business is regularly			I			_
40	carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						_
13	(Explain in Part IV.)	0	0	0			0
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)				<u> </u>	504/ \//	332,502
14	First five years. If the Form 990 is for the or						
	organization, check this box and stop here.						· · · ▶ <u>∟</u>
	tion C. Computation of Public Support				· · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 2008 (line 8, c					15	100.00%
16	Public support percentage from 2007 Schedu	ule A, Part IV-A,	line 27g	<del></del>		16	100.00%
	tion D. Computation of Investment Inc						
17	Investment income percentage for 2008 (line					17	0.00%
18	Investment income percentage from 2007 Sc					18	0.00%
19a	33 1/3% support tests-2008. If the organiza	ation did not che	ck the box on	line 14, and line	e 15 is more th		
	not more than 33 1/3%, check this box and s						<b>▶</b> 🛚
b	33 1/3% support tests-2007. If the organization of	lid not check a bo	x on line 14 or li	ne 19a, and line	16 is more than 3	33 1/3% and	
	line 18 is not more than 33 1/3%, check this box a						▶ 🗀
20	Private foundation. If the organization did n	ot check a box	on line 14, 19a	, or 19b, check	this box and s	ee instructions	<b>&gt;</b> 🗍

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

12. Inspection

DEN	VER FOUNDATION, INC		55-0779097						
Par		or Advised Funds or Other Similar F							
	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.								
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and d	onor advisors in writing that the assets he	eld in donor advised						
	funds are the organization's property, subje-								
6	Did the organization inform all grantees, dor								
	used only for charitable purposes and not for								
	impermissible private benefit?		Yes No						
Par	Il Conservation Easements. Comp	lete if the organization answered "Yes	s" to Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held								
	Preservation of land for public use (e.g.		n of an historically important land area						
	Protection of natural habitat	· · · <del></del>	• •						
		Preservatio	n of certified historic structure						
	Preservation of open space								
2	Complete lines 2a-2d if the organization he	d a qualified conservation contribution in	the form of a conservation easement						
	on the last day of the tax year.								
а	Total number of conservation easements .		Held at the End of the Year						
b	Total acreage restricted by conservation eas								
c	Number of conservation easements on a ce								
d	Number of conservation easements include								
3	Number of conservation easements modifie								
	during the taxable year	a, nanoromoa, roloadoa, exaligatorioa, er	ommuted by the organization						
4	Number of states where property subject to	conservation easement is located							
5	Does the organization have a written policy	•	ion, violations, and						
	enforcement of the conservation easements								
6	Staff or volunteer hours devoted to monitoring	ng, inspecting, and enforcing easements o	during the year						
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing easements duri	ing the year ►\$						
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	its of section						
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?								
9	In Part XIV, describe how the organization re	*	·						
	balance sheet, and include, if applicable, the	<del>-</del>	financial statements that describes						
Dori	the organization's accounting for conservation								
Part	Complete if the organization answered	ons of Art, Historical Treasures, or Othe	er Similar Assets.						
1a	If the organization elected, as permitted und								
	art, historical treasures, or other similar assessivice, provide, in Part XIV, the text of the f								
b									
D	If the organization elected, as permitted und historical treasures, or other similar assets h								
	service, provide the following amounts relati		earch in futilitiative of public						
	(i) Revenues included in Form 990, Part VII		<b>&gt;</b> ¢						
	(ii) Assets included in Form 990, Part X	i, iii e	· · · · · · · • • • · · · · · · · · · ·						
2	If the organization received or held works of								
_	following amounts required to be reported up		in manage gaing provide the						
а	Revenues included in Form 990, Part VIII, lii	ne 1	<b>&gt; \$</b>						
b	Assets included in Form 990, Part X		<b>&gt;</b> \$						

	ule D (Form 990) 2008		****		V *100				-	Page 2
Par	t III Organizations Maintainin	g Collections o	f Art, His	torical	Treasures	s, or Ot	her Similar A	ssets (d	ontinu	ued)
3 a	Using the organization's accession items (check all that apply):  Public exhibition	and other records	s, check a	•				e of its c	ollectic	on
			a	i	or exchan	ge progr	ams			
b	Scholarly research		е	Other						
C	Preservation for future general	ations								
4	Provide a description of the organiz Part XIV.	ation's collections	and expl	ain how t	hey furthe	r the org	anization's exe	mpt purp	ose in	1
5	During the year, did the organization assets to be sold to raise funds rath	n solicit or receive er than to be mai	donation	ns of art, l s part of	historical tr	easures ation's o	or other simile collection?		es	No
Par	Trust, Escrow and Custo Part IV, line 9, or reported					tion ans	swered "Yes"	to Form	990,	
1a						ons or o	ther assets not	1		
	included on Form 990, Part X?								es 🔙	No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	following	g table:					<del>.</del> 
								Amount		
C	Beginning balance					<u>1c</u>				
d	Additions during the year									
e	Distributions during the year					<u>1e</u>				
f	Ending balance					<u>1f</u>				0
2a	Did the organization include an amo		, Part X, li	ne 21? .				Y	es X	No
b	If "Yes," explain the arrangement in									
Part	V Endowment Funds. Com		•							
4-	Decimina of war halana	(a) Current year	(b) Pri	or year	(c) Two yea	ars back	(d) Three years ba	ck (e) Fo	our years	s back
1a b	Beginning of year balance Contributions						-			
C	Investment earnings or losses .							-		
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses	···								
g	End of year balance	0								
2	Provide the estimated percentage of	f the vear end bal	ance held	d as:						
а	Board designated or quasi-endowm	•	%							
b	Permanent endowment	%								
C	Term endowment	%								
3a	Are there endowment funds not in the	he possession of t	the organ	ization th	at are held	and ad	ministered for t	he		
	organization by:	•	J						Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)	<u> </u>	
b	If "Yes" to 3a(ii), are the related orga							3b		
4	Describe in Part XIV the intended us	ses of the organiz	ation's en	dowmen	t funds.					
art	VI Investments—Land, Build	<u>dings, and Equ</u>	ipment.	See For	m 990, P	<u>art X, Iir</u>	ne 10.			
	Description of investment	(a) Cost or ot (investm			st or other (other)		Depreciation	( <b>d</b> ) Bo	ook value	e 
1a	Land		0		0					0
b	Buildings		0		0		0			0
C	Leasehold improvements		0		2,650		2,059			591
d	Equipment		0		9,919		3,119			6,800
_	Otto	1			0.400	I	0.000			2 222

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

11,191

	ule D (Form 990) 2008		Page 4
Pai	Reconciliation of Change in Net Assets from Form 990 to Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	32,238
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	83,856
3	Excess or (deficit) for the year. Subtract line 2 from line 1	. 3	-51,618
4	Net unrealized gains (losses) on investments	. 4	
5	Donated services and use of facilities	. 5	
6	Investment expenses	. 6	
7	Prior period adjustments	. 7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-51,618
Pai	Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Return	
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	. 2e	0
3	Subtract line 2e from line 1	. 3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	. 4c	0
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		0
Par	Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Retur	<u> </u>
1	Total expenses and losses per audited financial statements		<del></del>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d		0
3	Subtract line 2e from line 1		0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	. 4c	0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	0
	Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	d 4; Part IV, line	s 1b

#### SCHEDULE L (Form 990 or 990-EZ)

### **Transactions With Interested Persons**

20**08** 

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

Inspection

DENVER FOUNDATION INC						55-0779097						
DENVER FOUNDATION, INC Part I Excess Benefit Transaction	ne (secti	on 501/	c)(3) and	section 50	11(c)(4) oraș	nizatio	55	-0779	υ97	<del></del>	<del></del>	
To be completed by organization	is that an	swered "	Yes" on Fo	rm 990. Pa	rt IV, line 25	anizatio a or 25b	. or For	y). m 990-	·EZ. Pa	ırt V. lin	e 40b	
									,		T	rrected
1 (a) Name of disqualified person					(b) Description	on of trans	saction				Yes	No
											<del> </del>	1
					-							
2 Enter the amount of tax imposed on	the org	anizatio	n manage	rs or disa	ualified pers	ons du	rina th	e vea	<u>r</u>			
under section 4958				· · · ·					▶	\$		
3 Enter the amount of tax, if any, on li	ne 2, ab	ove, reir	nbursed b	y the orga	anization .				▶	\$		
Part II Loans to and/or From In												
To be completed by organization	s that an	swered "	Yes" on Fo	rm 990, Pa	rt IV, line 26,	or Form	990-E	Z, Part	V, line	38a.		
(a) Name of interested person and purpose		to or from		riginal	(d) Balance	due	(e) in c	default?	(f) Ap	proved	(g) V	Vritten
	the orga	anization?	ation? principal amount	l amount	unt				by board or committee?		agreement?	
		т	1						comn	nittee?		
DDEAMA DENVED TO DDOLUDE MACE	То	From					Yes	No	Yes	No	Yes	No
DREAMA DENVER TO PROVIDE WORKI	X			98,524		98,524		X	X		X	
	<del> </del>	<u> </u>		0		0						<u> </u>
	<del> </del>	ļ		0		0						ļ
	<del> </del>			0		0			ļ			<b>!</b>
	<del></del>	<del> </del>	<del>                                     </del>	0		0				ļ		
Total	<u> </u>	<u></u>	L	0		0						
Part III Grants or Assistance Be	nofittin	a Infor	oetod Bo	. <b>▶</b> \$		98,524						
To be completed by organiza	tione the	y inter	rod "Voc"	on Form	OOO Doet IV	/ line 2	7					
(a) Name of interested person	I					1					-1-4	
(w) Name of interested person	(6)	(elauonsni)	p between int organiza	•	on and the	l	(C) Amo	unt of gr	rant or ty	pe or as	sistance	
	<b> </b>					<u> </u>						
						<u> </u>						
			_			<u> </u>						
						1						
					<del></del> -	<u> </u>						
Part IV Business Transactions II	nvolvin	g Inter	ested Pe	rsons.								
To be completed by organiza	tions the	at answe	red "Yes"	on Form	990, Part IV	<sup>7</sup> , line 2	8a, 28	b, or 2	28c.			
(a) Name of interested person	(b) Re	ationship	between	(c) Ar	nount of	(d)	Descrip	otion of t	ransactio	on	(e) Sha	aring of
		sted persor	n and the	trans	saction						organiz	tation's
	1	organizatio	on			ļ					reven	ues?
											Yes	No
	ļ				0							
					0							
				,	0							
· · · · · · · · · · · · · · · · · · ·					0							
	1				^	l .					1	

0

**Depreciation and Amortization** (including Information on Listed Property)

OMB No. 1545-0172 Attachment

Department of the Treasury Internal Revenue Service

► See separate instructions. Attach to your tax return. Sequence No. 67

Name(s) shown on return	Business or ac	tivity to which th	is form relate	S	Identifying nu	mber
DENVER FOUNDATION, INC	990	•			55-0779097	
Part I Election To Expense Certain	<b>Property Und</b>	ler Section 17	'9	•		
Note: If you have any listed property, co	mplete Part V b	efore vou comp	lete Part I.			
1 Maximum amount. See the instructions for a	higher limit for	certain busines	ses			1 250,000
2 Total cost of section 179 property placed in	service (see in:	structions)				. 2
3 Threshold cost of section 179 property befo	re reduction in I	limitation (see ir	structions).			3 800,000
4 Reduction in limitation. Subtract line 3 from	line 2. If zero	or less, enter -0	·			. 4 0
5 Dollar limitation for tax year. Subtract line 4	from line 1. If:	zero or less, ent	er -0 If mar	ried filing		
				_		5 250,000
(a) Description of property		(b) Cos	t (business use	e only)	(c) Elected co	MICTORES AND ASSESSMENT CASE
6						
7 Listed property. Enter the amount from line	29			7	· · ·	
8 Total elected cost of section 179 property.	Add amounts in	column (c), line	s 6 and 7 .			8 0
9 Tentative deduction. Enter the smaller of li	ne 5 or line 8 .					9 0
10 Carryover of disallowed deduction from line	13 of your 2007	7 Form 4562				10
11 Business income limitation. Enter the smalle	er of business in	ncome (not less	than zero) or	line 5 (see in	structions)	11
12 Section 179 expense deduction. Add lines	9 and 10, but do	o not enter more	than line 11			12 0
13 Carryover of disallowed deduction to 2009.	Add lines 9 and	10, less line 12		▶ 13		0
Note: Do not use Part II or Part III below for list	ed property. Ins	tead, use Part \	<i>/</i> .			
Part II Special Depreciation Allowar	ce and Other	Depreciation	(Do not inc	clude listed p	roperty.) (See	instructions.)
14 Special depreciation allowance for qualified	property (other	than listed prop	erty) placed i	n service		
during the tax year (see instructions)						14
15 Property subject to section 168(f)(1) election	1					15
16 Other depreciation (including ACRS)						16 88
16 Other depreciation (including ACRS).  Part III MACRS Depreciation (Do not	include listed	property.) (Se	e instruction	s.)		<del>1 · · · · · · · · · · · · · · · · · · ·</del>
		Section A				
17 MACRS deductions for assets placed in ser	vice in tax vears		re 2008			. 17 794
18 If you are electing to group any assets place						
general asset accounts, check here					▶ □	
Section B - Assets Placed in						<u></u>
Occupi D - Addeta i laced ii	(b) Month and		(d) Recovery			
(a) Classification of property	year placed	(c) Basis for		(e) Convention	(f) Method	(g)
(a) Classification of property	in service	depreciation	period	Convention	Metriod	Depreciation deduction
19 a 3-year property	III Service	(business/investment)				<del> </del>
b 5-year property						
c 7-year property						<u> </u>
d 10-year property						<u> </u>
e 15-year property						
f 20-year property	400					
g 25-year property	10 mg		25		S/L	
h Residential rental	- 27		25 yrs.	N 4 N 4		
property			27.5 yrs.	MM	S/L	<u> </u>
i Nonresidential real			27.5 yrs.	MM	S/L	· ·
l l			39 yrs.	MM	S/L	
property Section C. Acces Black in S	amala a Danda a l	0000 T V	11-2 41 41-	MM	S/L	<u> </u>
Section C - Assets Placed in S	ervice During	ZUUB TAX YEAR	Using the Air	ternative Dep		<del>m</del>
20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	<u> </u>
Part IV Summary (See instructions.)						T2:T
21 Listed property. Enter amount from line 28						21
22 Total. Add amounts from line 12, lines 14 th						
Enter here and on the appropriate lines of ye	our return. Partr	nerships and S	corporations -	see instr <u>.                                    </u>	<u> </u>	<b>22</b> 882
23 For assets shown above and placed in servi	an during the a			1 1		F : XXX Y Y

							Γ		1 10	990	
EQUIP NOT YET REC'D	SOFIWARE		SOFTMADE	COMPUTER	LEASEHOLD IMPROV		Property	0.	Description		etail Report
12/31/2005	3/4/2005	0002/4/2	377700	11/24/2005	11/2/2004	4/1/2004	Service	Placed in	Date		
N-2	I	7	1	FI G	F-10	R-N		Code	Asset		12/31/2008
100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	%	Use	Bus.		DENVER
6,600	1,064	1,094		1.161	2,650	6,100	Basis	Other	Cost or	18,669	REQUIDATION
0	0	_	• (	0	0	0	Deduction	Sec. 179	Less	0	I, INC 55-077909:
0	0	c	• (	9	0	0		Allowance	Special	0	9097
0			(	9	0	0		Value	Salvage	0	
6,600	1,064	1,094		1 181	2,650	6,100		Basis	Recovery	18,669	
							Туре	AMT			
	ω	ω	¢	ת	7	15	(years)	Period	Recovery		
	ည	ट	1000	SOODE	200DB	150DB			Method		
	Z	Z	-	Ę :	¥	₹	Code	vention	င္ပရ		
0	1.006	1,064	120	877	1.822	1,877	179, Bonus	Deprec.,	Prior Accum.	6,596	

# Detail Report

		N <sub>o</sub>	tem	990
BROADCASTING TOWER LEASEHOLD IMPROV COMPUTER SOFTWARE SOFTWARE EQUIP NOT YET REC'D	Property	of.	Description	
4/1/2004 11/2/2004 11/24/2005 2/4/2005 3/4/2005 12/31/2005	Service	Placed in	Date	
423 237 134 58 0	Deprec.	Current	2008	882
2,300 2,059 961 1,094 1,064	Deprec.	Accum.	2008	7,478

#### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. OMB No. 1545-0047
2008
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection
Employer identification number

DENVER FOUNDATION, INC	55-0779097
Form 990 Part VI Section A Line 2 Dreama Denver and Emily Denver are mother and step-day	ıghter
Form 990 Part VI Section A Line 2 Emily Denver and Cliff Foerster are husband and wife	
	••••

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

ramo or the organization		Employer identification number
DENVER FOUNDATION	55-0779097	
Organization type (chec	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a priv	rate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
Check if your organization organization can check b	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . ( <b>Note.</b> Only a soxes for both the General Rule and a Special Rule. See instructions	section 501(c)(7), (8), or (10) .)
X For organizations	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$ y one contributor. Complete Parts I and II.	5,000 or more (in money or
Special Rules		
under sections 50	(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 9(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during 000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of a land II.	ng the year, a contribution of the
during the year, a	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that ggregate contributions or bequests of more than \$1,000 for use <i>excl</i> or educational purposes, or the prevention of cruelty to children or a	lusively for religious, charitable,
during the year, so not aggregate to r year for an <i>exclus</i> applies to this org	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that ome contributions for use <i>exclusively</i> for religious, charitable, etc., pnore than \$1,000. (If this box is checked, enter here the total contributively religious, charitable, etc., purpose. Do not complete any of the anization because it received nonexclusively religious, charitable, etc	ourposes, but these contributions did outions that were received during the parts unless the <b>General Rule</b> oc., contributions of \$5,000 or more
990-EZ, or 990-PF), but t	nat are not covered by the General Rule and/or the Special Rules do hey <b>must</b> answer "No" on Part IV, line 2 of their Form 990, or check tof their Form 990-PF, to certify that they do not meet the filing requ	the box in the heading of their

990-EZ, or 990-PF).

Schedule B	(Form 990, 990-EZ, or 990-PF) (2008)		Page 1 of 1 of Part I
•	organization FOUNDATION, INC		Employer Identification number 55-0779097
Part I	Contributors (see instructions)		30 01.000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RAMEY PRINCETON  P O BOX 1755  PRINCETON WV 24740  Foreign State or Province: Foreign Country:	\$10,400	Person X Payrol!
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ELIZABETH'S BOUTIQUE  901 MERCER STREET PRINCETON WV 24740 Foreign State or Province: Foreign Country:	\$6,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	CAROL ABRAHAMS  718 W FISCHER CIRCLE  SEBASTION FL 32958  Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_4	LINDA ABRAHAMS  35 W. 93RD STREET  NEW YORK  Foreign State or Province: Foreign Country:	\$ 5,000	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b)	(c)	(d)
5	Name, address, and ZIP + 4  Foreign State or Province: Foreign Country:	Aggregate contributions  \$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Foreign State or Province:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
	Foreign Country:		